

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2015 FEB 26 AM 11:38

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

FEC MAIL CENTER
12FE4M5

K | a | n | z | a | P | A | C |

ADDRESS (number and street)

6 | 1 | 0 | B | r | a | z | o | s | S | t |



(Check if address
is changed)

S | u | i | t | e | 2 | 0 | 0 |

A | u | s | t | i | n | T | X | 7 | 8 | 7 | 0 | 1 | - |

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address
is changed)

j | e | f | f | @ | w | i | n | d | c | o | a | l | i | t | i | o | n | . | o | r | g |

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

2. DATE

1 | 2 | / | 3 | 1 | / | 2 | 0 | 1 | 4 |

3. FEC IDENTIFICATION NUMBER ►

C | 0 | 0 | 5 | 6 | 6 | 1 | 9 | 0 |

4. IS THIS STATEMENT



NEW (N)

OR

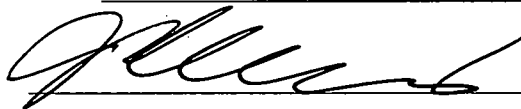


AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jeffrey Clark

Signature of Treasurer



Date

0 | 1 | / | 3 | 1 | / | 2 | 0 | 1 | 5 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)